



08-14-08

16347
IrwPTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2008		Complete if Known	
		Application Number	10/527,831
		Filing Date	January 9, 2006
		First Named Inventor	Kathryn N. NORTH
		Examiner Name	S. Pohnert
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1634
TOTAL AMOUNT OF PAYMENT		(\$)	705.00
		Attorney Docket No.	GTI-013/2202530US1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
				Fee (\$)
				Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	2253 -- Extension of Three Months
	Information Disclosure Statement
	180.00

SUBMITTED BY			
Signature	<i>Ann-Louise Kerner</i>	Registration No. (Attorney/Agent)	33,523
Name (Print/Type)	Ann-Louise Kerner, Ph.D.	Telephone	(617) 526-6000
		Date	August 13, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as Express Mail Label No. EM205974295US1 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: August 13, 2008

Signature

Rockelle Capobianco
(Rockelle Capobianco)



08-14-08

08-30-08

PTO/SB/21 (01-08)

Approved for use through 07/31/2008. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/527,831	
	Filing Date	January 9, 2006	
	First Named Inventor	Kathryn N. NORTH	
	Art Unit	1634	
	Examiner Name	S. Pohnert	
Total Number of Pages in This Submission	39	Attorney Docket Number	GTI-013/2202530.125US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form 1p <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply 17pp <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request 1p <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> IDS 2pp <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): SB08 form (2pp) with 3 references containing 16 pages return postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Ann-Louise Kerner, Ph.D.		
Date	August 13, 2008	Reg. No.	33,523

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Dated: August 13, 2008	Signature: (Rochelle Capobianco)